

UON SINGAPORE VISITOR'S FORM

PLEASE SUBMIT THIS FORM BEFORE THE START OF THE VISIT TO UON SINGAPORE.

1. VISITOR INFORMATION

First Name:		Surname/Family Name:	
Title: (e.g. Prof/ Dr/ Mrs)		Faculty/School:	
Travel Start Date:		Travel End Date:	
Visitor Email Address:			
Visitor Contact Number:			

2. PURPOSE OF VISIT

Teaching - (please complete information below)

- **Course name:**
- **Trimester/ Semester:**
- **First day of teaching in campus:**
- **Last day of teaching in campus:**
- **Weekend teaching:** Saturday Sunday N/A

Final Year Project (FYP) - (please complete information below)

FYP Interview or/and FYP Marking

- **Course name:**
- **Trimester/ Semester:**
- **First day of FYP activity in campus:**
- **Last day of FYP activity in campus:**
- **Weekend FYP activity:** Saturday Sunday N/A

By Invitation (please provide details):

Public Speaking (please provide details):

Other Approved Activities (please provide details):

3. ACCOMMODATION DETAILS

Name of Hotel:	
Check-in Date	
Check-out Date	

4. REQUEST SUBMITTED BY

Name of the Visitor:		Job Title:	
Signature of Visitor:		Date:	

5. APPROVAL BY

Name of Head of Academic Unit:		Job Title:	
Signature of Approver:		Date:	

Please return this form to Tirtharenu.Bhaumik@newcastle.edu.au

Notes to support the visitor request:

- ◆ The **“Travel Start Date”** means the date of the travel begins from other country towards Singapore
- ◆ The **“Travel End Date”** means the date visitor leaves Singapore